



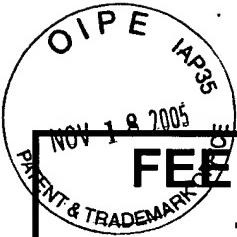
GP 3623 + TEW

		Application Number	09/514,997
		Filing Date	February 25, 2000
		First Named Inventor	Axel Schultze
		Group Art Unit Number	3623
		Examiner Name	Susanna M. Meinecke Diaz
Total Number of Pages in This Submission	26	Attorney Docket Number	4705 US

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	[] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/>
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<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment/Response: 23 Page(s)	<input type="checkbox"/>
<input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Hector J. Ribera, Reg. No. 54,397	Dated: 11/14/2005

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Hector J. Ribera	Dated: 11/14/2005
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 225	Attorney Docket No.	4705 US
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METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

SUBTOTAL (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	70 $-20^{**} =$ 0	x 25	= 0
Independent Claims	9 $-3^{**} =$ 0	x 100	= 0
Multiple Dependent Claims			= 0

Large Entity Sm

<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
Code	(\$)	Code	(\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$),00

****or number previously paid, if greater: For Reissues, see above**

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **Hector J. Ribera** Registration No. **54,397** Complete (if applicable)
Attorney/Agent Telephone **(650)335-7192**

Signature

W. Huber

Date

November 14, 2005